

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097937872**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4		2	1				54						
5		0		1			55						
6		0		1			56						
7		2	1				57						
8		1	1				58						
9		1		1			59						
10		1		1			60						
11		1	1				61						
12							62						
13							63						
14							64						
15							65						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	11		4				TOTAL DEP.						
TOTAL CLAIMS	15		8				TOTAL CLAIMS						